



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury
Internal Revenue Service

For calendar year 2011 or other tax year beginning 06/01, 2011, and ending 05/31, 2012. See separate instructions.

Open to Public Inspection for 501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions)	D Employer identification number (Employees' trust, see instructions)
		LE MOYNE COLLEGE	15-0545841
B Exempt under section		Number, street, and room or suite no. If a P O box, see instructions	E Unrelated business activity codes (See instructions)
<input checked="" type="checkbox"/> 501(C)(3)		1419 SALT SPRINGS ROAD	713900 525990
<input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)		City or town, state, and ZIP code	
<input type="checkbox"/> 408A <input type="checkbox"/> 530(a)		SYRACUSE, NY 13214	
<input type="checkbox"/> 529(a)		F Group exemption number (See instructions.)	
C Book value of all assets at end of year		G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	
237,575,755.			

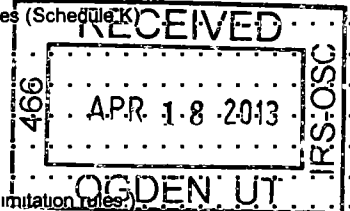
H Describe the organization's primary unrelated business activity **RECREATION CLUBS / INVESTMENTS IN PARTNERSHIPS**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **ROGER W. STACKPOOLE** Telephone number **315-445-4170**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>7,064.</u>			
b	Less returns and allowances			
c	Balance	7,064.		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit Subtract line 2 from line 1c	7,064.		7,064.
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)	933.	ATCH 1	933.
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions, attach schedule)			
13	Total. Combine lines 3 through 12	7,997.		7,997.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)		
15	Salaries and wages		3,979.
16	Repairs and maintenance		110.
17	Bad debts		
18	Interest (attach schedule)		
19	Taxes and licenses		538.
20	Charitable contributions (See instructions for limitation rules)		
21	Depreciation (attach Form 4562)	1,644.	
22a	Less depreciation claimed on Schedule A and elsewhere on return		
22b			1,644.
23	Depletion		
24	Contributions to deferred compensation plans		
25	Employee benefit programs		424.
26	Excess exempt expenses (Schedule I)		
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule) ATTACHMENT 2		10,759.
29	Total deductions. Add lines 14 through 28		17,454.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		-9,457.
31	Net operating loss deduction (limited to the amount on line 30)		
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		-9,457.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)		
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.		-9,457.



SCANNED APR 30 2013

25995

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here [] See instructions and
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)
(1) \$ (2) \$ (3) \$
b Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$
(2) Additional 3% tax (not more than \$100,000) \$
c Income tax on the amount on line 34 35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on
the amount on line 34 from: [] Tax rate schedule or [] Schedule D (Form 1041) 36
37 Proxy tax. See instructions 37
38 Alternative minimum tax 38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies. 39

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 40a
b Other credits (see instructions) 40b
c General business credit Attach Form 3800 (see instructions) 40c
d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d
e Total credits. Add lines 40a through 40d 40e
41 Subtract line 40e from line 39 41
42 Other taxes Check if from [] Form 4255 [] Form 8611 [] Form 8697 [] Form 8866 [] Other (attach schedule) 42
43 Total tax. Add lines 41 and 42 43
44a Payments A 2010 overpayment credited to 2011 44a
b 2011 estimated tax payments 44b
c Tax deposited with Form 8868 44c
d Foreign organizations Tax paid or withheld at source (see instructions) 44d
e Backup withholding (see instructions) 44e
f Credit for small employer health insurance premiums (Attach Form 8941) 44f
g Other credits and payments [] Form 2439 [] Form 4136 [] Other Total 44g
45 Total payments. Add lines 44a through 44g 45
46 Estimated tax penalty (see instructions) Check if Form 2220 is attached [] 46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48
49 Enter the amount of line 48 you want Credited to 2012 estimated tax Refunded 49

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here [] Yes [X] No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? [] Yes [X] No
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year 1
2 Purchases 2
3 Cost of labor 3
4a Additional section 263A costs (attach schedule) 4a
b Other costs (attach schedule) 4b
5 Total. Add lines 1 through 4b 5
6 Inventory at end of year 6
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 7
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? [] Yes [X] No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer [Signature]

Date 4/3/13

Title VP for Finance and Administration, Treasurer

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only
Print/Type preparer's name Karen Veederelot
Preparer's signature [Signature]
Date 4/1/13
Check [] if self-employed PTIN P00652605
Firm's name KPMG LLP
Firm's EIN 13-5565207
Firm's address 515 BROADWAY
Phone no 860-522-3200
ALBANY, NY 12207

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

Table with 1 column for description of property, rows (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income. Rows (1) through (4) and a Total row.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation, (b) Other deductions, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Includes a Totals row and instructions for entering data on page 1.

Total dividends-received deductions included in column 8.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income, 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Rows (1) through (4).

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 5 columns: 7. Taxable income, 8. Net unrelated income, 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Rows (1) through (4).

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals ▶		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) . . . ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) ATCH 3			%
(2)			%
(3)			%
(4)			%
Total. Enter here and on page 1, Part II, line 14. ▶			

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number, see instructions	
	LE MOYNE COLLEGE	<input checked="" type="checkbox"/>	Employer identification number (EIN) or 15-0545841
	Number, street, and room or suite no. If a P O box, see instructions	<input type="checkbox"/>	Social security number (SSN)
	1419 SALT SPRINGS ROAD		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	SYRACUSE, NY 13214		

Enter the Return code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ ROGER W. STACKPOOLE

Telephone No. ▶ 315-445-4170

FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 04/15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year 20 ____ or

▶ tax year beginning 06/01, 20 11, and ending 05/31, 20 12

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.00
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.00
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.00

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

INCOME (LOSS) FROM PARTNERSHIPS	933.
INCOME (LOSS) FROM PARTNERSHIPS	<u>933.</u>

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

ACCOUNTING FEES	7,560.
UTILITIES	1,877.
CONTRACTED SERVICES	607.
OFFICE SUPPLIES	715.
 PART II - LINE 28 - OTHER DEDUCTIONS	 <u>10,759.</u>

ATTACHMENT 3SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
FRED P. PESTELLO, PH.D. 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	PRESIDENT	0	0
REV. CHIFFORD H. AUTH, JR. 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	TRUSTEE	0	0
NOREEN R. FALCONE 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	TRUSTEE	0	0
WALTER F. BENSON, JR. 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	CHAIR/TRUSTEE	0	0
DENA C. FEENEY 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	TRUSTEE	0	0
WILLIAM J. BARRETT 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	TRUSTEE	0	0
WILLIAM M. FLYNN 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	TRUSTEE	0	0
THOMAS G. BERKERY 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	TRUSTEE	0	0
HENRY W. FUST 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	TRUSTEE	0	0
JAMES R. CARRICK 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	TRUSTEE	0	0

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
STEPHEN T. HELMER 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	TRUSTEE	0	0
BRIAN W. COLEMAN 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	TRUSTEE	0	0
REV. FRANCIS G. HILTON, S.J. 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	SECRETARY/TRUSTEE	0	0
MICHAEL J. HOLLAND 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	TRUSTEE	0	0
JAMES B. CONNORS 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	TRUSTEE	0	0
SHARON A. KINSMAN SALMON 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	VICE CHAIR/TRUSTEE	0	0
REV. WILLIAM DOLAN 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	TRUSTEE	0	0
ABRAHAM M. LACKMAN 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	TRUSTEE	0	0
PAUL A. DRESCHER 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	TRUSTEE	0	0
WILLIAM F. EDWARDS 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	TRUSTEE	0	0

ATTACHMENT 3 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
JAMES J. MALVASO 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	TRUSTEE	0	0
JOSEPH G. MARINA, S.J., PH. D. 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	TRUSTEE	0	0
VINCENT F. SPINA 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	TRUSTEE	0	0
JOHN M. MORPHY 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	TRUSTEE	0	0
ROBERT M. TURNER 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	TRUSTEE	0	0
MARY ANN TYSZKO 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	TRUSTEE	0	0
REV. RICHARD SALMI, S.J. 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	TRUSTEE	0	0
FREDERICK M. VALERION, SR. 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	TRUSTEE	0	0
BARBARA SCANLON JESSUP 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	TRUSTEE	0	0
REV. JEFFREY VON ARX, S.J 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	TRUSTEE	0	0

ATTACHMENT 3 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
STEPHEN D. SCROBE 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	TRUSTEE	0	0
THOMAS M. WYNNE 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	TRUSTEE	0	0
ROGER W. STACKPOOLE 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	TREASURER	0	0
LINDA LEMURA, PH.D 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	PROVOST&VP OF ACADEMIC AFFAIRS	0	0
DENNIS R. DEPERRO 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	VP DIV. OF ENROLLMENT MANAGEME	0	0
GREGORY J. STAHL 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	VP DIV. OF INSTITUTIONAL ADVAN	0	0
MARTHA GRABOWSKI, PH.D. 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	PROFESSOR	0	0
PATRICIA R. SCHMIDT 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	PROFESSOR	0	0
WALLY J. ELMER, PH.D. 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	DEAN OF MANAGEMENT	0	0
CHONGYOUL KIM 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	PROFESSOR	0	0

Le Moyne College
FYE 5/31/2012
EIN 15-0545841

Form 990-T, Part II, line 31 Net Operating Loss Carry Forward

	Balance	Generated (Utilized)	Balance
MAY 31, 1992	(29,939)	-	
MAY 31, 1993	(25,538)	-	(25,538)
MAY 31, 1994	(31,107)	-	(31,107)
MAY 31, 1995	(33,294)	-	(33,294)
MAY 31, 1996	(76,783)	-	(76,783)
MAY 31, 1997	(63,520)	-	(63,520)
MAY 31, 1998	(4,685)	-	(4,685)
MAY 31, 1999	(4,021)	-	(4,021)
MAY 31, 2000	(2,088)	-	(2,088)
MAY 31, 2001	(3,123)	-	(3,123)
MAY 31, 2002	-	-	-
MAY 31, 2003	-	-	-
MAY 31, 2004	(3,778)	-	(3,778)
MAY 31, 2005	(2,489)	-	(2,489)
MAY 31, 2006	(2,568)	-	(2,568)
MAY 31, 2007	(2,981)	-	(2,981)
MAY 31, 2008	(3,480)	-	(3,480)
MAY 31, 2009	(3,437)	-	(3,437)
MAY 31, 2010	(2,761)	-	(2,761)
MAY 31, 2011	(6,557)	-	(6,557)
MAY 31, 2012		9,457	(9,457)
TOTAL	<u>(302,149)</u>	<u>9,457</u>	<u>(281,667)</u>

Attachment 4

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ See separate instructions.

OMB No 1545-0123

2011

Name LE MOYNE COLLEGE	Employer identification number 15-0545841
---------------------------------	---

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example 100 shares of Z Co)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) (Subtract (e) from (d))
1					
2 Short-term capital gain from installment sales from Form 6252, line 26 or 37					2
3 Short-term gain or (loss) from like-kind exchanges from Form 8824					3
4 Unused capital loss carryover (attach computation)					4 ()
5 Net short-term capital gain or (loss) Combine lines 1 through 4					5

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

6					
ATTACHMENT 1					6 -6.
7 Enter gain from Form 4797, line 7 or 9					7 6.
8 Long-term capital gain from installment sales from Form 6252, line 26 or 37					8
9 Long-term gain or (loss) from like-kind exchanges from Form 8824					9
10 Capital gain distributions (see instructions)					10
11 Net long-term capital gain or (loss) Combine lines 6 through 10					11

Part III Summary of Parts I and II

12 Enter excess of net short-term capital gain (line 5) over net long-term capital loss (line 11)	12
13 Net capital gain Enter excess of net long-term capital gain (line 11) over net short-term capital loss (line 5)	13
14 Add lines 12 and 13. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	14

Note. If losses exceed gains, see *Capital losses* in the instructions.

